

Chairman and members of the committee,

For the record, my name is Becky Stockton and I reside in Helena. I am here today to adamantly oppose full day kindergarten as being presented in SB 123. I will give you some examples of why I think this idea is not good for our young children.

I would like to point out to the committee and people in the audience that I can say without a doubt that most of us are a product of half-day kindergarten or no kindergarten at all and we all made something of our lives. In fact, most of us here today have college degrees and even Masters in their respective fields and have great paying jobs. Others have only a High School diploma and still have great paying jobs that support their family. Can anyone in this room tell me that their education suffered because they didn't have full day kindergarten to attend?

My identical twin brothers and I did not attend kindergarten and started 1<sup>st</sup> grade at 6  $\frac{3}{4}$  years of age, which I like to point out that by Montana law a student does not have to attend any kind of formal education until the age of 7 in this state and this has been upheld by teachers because they know boys are not ready for a structured curriculum so early in life. My identical twin brothers and I received very high grades in school and graduated with honors. The three of us attended college and graduated with degrees. My little brother who started first grade at 5  $\frac{3}{4}$  of age had a hard time with school. In fact, he hated school and a "C" student. My parents struggled trying to keep focused and to stay in school. My mother has told me many times over the years that she wished she never put him into school at such a young age. She claims he was too young and needed to be home longer to play and to learn more from his parents. Anyway, my younger brother chose not to attend college and proceeded to work on his wood working skills that he loved to do growing up. Today, he has his own business as a contractor and builds homes.

I am a mother of a young boy that at age 5 was taking 3 to 5 hours naps each afternoon. Because of this situation, my husband and I decided that going to kindergarten at that age would not benefit our son. The following year at the age of 6 and when he was ready we placed him into our local neighborhood elementary school in kindergarten. He was in a class of 23 boys and 4 girls. With the energy level of that many boys in the class, the teacher was stretched to her limit and frazzled at the end of 2  $\frac{1}{2}$  hours. My daughter and I spent most days in the classroom helping this teacher and observing what was going on. I can tell you from experience that most boys at age 5 are not ready for a structured day of school. They were always rough housing, couldn't sit still, not always paying attention and always wanted to go out and play, which is a normal thing for boys to do. By the end of the school year, the teacher had singled out certain students that she would classify as ADHD and so the label for those students began. The following year when our daughter attended afternoon kindergarten, which was a smaller class, the teacher had pointed out one student she thought would classify as ADD because of his giddiness and his attention span was less than most of the students.

I ask you today would full day kindergarten solve these young boys' problems of their attention deficient, giddiness or rough housing? If this was present in the half-day class, how do the teachers and staff intend to handle these boys for a full day? Are we going to give more of them drugs to calm them down so that they can learn the structured curriculum the school district has put forth for the teachers to teach? Do you remember anyone in your class that couldn't sit still and concentrate on the subject matter when you went to school? I don't remember a soul because as a general rule we went to school at a later age. Also it is a proven fact that the diets our children eat today that are full of chocolate, sweets and gluten (food that has wheat in it) has caused poor concentration, distractibility, hyperactivity, impulsiveness and other symptoms that have been known to affect their learning. When this is discovered in these children and the food product removed from their diets, their attention spans and other symptoms disappear and the need for Ritalin disappears.

In 1992, when our son started school, we also had another program that the OPI, MEA and other educational groups thought we needed to improve children's education. They wanted to have a Pre-Kindergarten (for students that were not ready for half-day kindergarten) and Pre-1<sup>st</sup> class for the students who the teacher thought struggled in kindergarten and deemed the student not ready for 1<sup>st</sup> grade yet. In recent years, I have not heard of this program, so I called an elementary teacher today. She said the program was phased out. I wonder why? If these programs did not work 15 years ago why do we think full day kindergarten would work today?

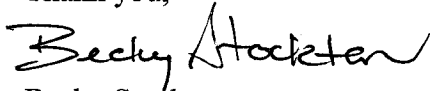
The teacher I talked to today told me that the state of Washington has voluntary full day kindergarten. Her niece chose not to put her child in the class because after lunch the children watch a 1 ½ hour movie because the children are too tired to continue their studies. The niece said she didn't want to waste her child's time and taxpayer's money by having her child sit in class and watch senseless movies. This teacher also informed me that they have done study after study whether or not Head start has made a difference in children's academic achievements by the time they start public school. The studies have shown that early education did not increase their academic performance. If the Head Start did work, wouldn't you think more parents would be putting their children into this kind of program?

To me full day kindergarten is just free loading day-care. It is a convenient situation for the parents because most of them and their employers do not want them to leave before lunch or in the middle of the afternoon to pick their children up and then have to pay a child care provider to watch them until they are done with their job each day. The teacher I spoke to today told me to look at the requirements a day care provider has to follow. State of Montana, Dept. of Public Health & Human Services Licensing requirements for child day care states in Section 37.95.620, #8, "The child to staff ratio for a day care center is: (a) 4:1 for infants 0 months – 23 months; (b) 8:1 for children 2 yrs. – 3 yrs.; (c) 10:1 for children 4 – 5 yrs; and (d) 14:1 for 6 yrs. & over. If we pass this bill, are you ready to have two maybe three teachers for each classroom to educate the children? Do you think the taxpayers of this state would go for this large of increase in their taxes to provide glorified day care services to these children?

Another area, as a mother that I am concerned about is the school bus situation. Do you really think it is appropriate to have this young of students on a bus? Older children pick and harass younger ones and what parent in their right mind would let a five year old ride a bus by their selves, get off and walk home. They are a sitting duck for a child molester to abduct them.

For the reasons I stated today, I ask the committee to please kill this bill. It is not good educational policy.

Thank you,

A handwritten signature in cursive script that reads "Becky Stockton". The signature is written in dark ink and is positioned above the printed contact information.

Becky Stockton  
1430 Boston Road  
Helena, Mt. 59602  
449-3670

Global use of ADHD drugs nearly triples

Spending on meds also increased ninefold from 1993 to 2003, experts say

Reuters

Updated: 6:03 p.m. MT March 7, 2007

WASHINGTON - The use of drugs to treat attention-deficit/hyperactivity disorder, or ADHD, has more than tripled worldwide since 1993, U.S. researchers reported on Tuesday.

And spending on such drugs rose ninefold between 1993 and 2003, the team at the University of California, Berkeley reported.

"ADHD could become the leading childhood disorder treated with medications across the globe," Richard Scheffler, an expert in health economics and public policy who led the study, said in a statement.

"We can expect that the already burgeoning global costs for medication treatment for ADHD will rise even more sharply over the next decade."

Roughly one in 25 U.S. children and adolescents is taking medication for ADHD, the researchers found.

They used an international pharmaceutical database to examine data from nearly 70 countries. In 1993, 31 countries used ADHD drugs, but by 2003 that number had risen to 55, they found.

France, Sweden, Korea and Japan all showed increases in ADHD drug use among 5- to 19-year-olds.

"The usage of ADHD medications increased 274 percent during the study period," Scheffler's team wrote in the journal Health Affairs.

The United States led the pack, accounting for 83 percent of the prescriptions and \$2.4 billion in 2003. Canada and Australia also had much heavier use than the researchers predicted.

### **Costs likely to rise globally**

ADHD is marked by poor concentration, distractibility, hyperactivity, impulsiveness and other symptoms beyond what might be expected for the patient's age.

Amphetamine drugs can control the symptoms, but their use is sometimes controversial.

Methylphenidate, sold under the brand name Ritalin by Novartis, was once the standard. But costly and long-acting medications like Johnson & Johnson's Concerta, Strattera, made by Eli Lilly and Co., and Adderall XR, made by British drugmaker Shire Plc, are now driving up costs, the researchers said.

"Costs are likely to rise globally as long-acting medications, which offer easier use and result in better compliance, become more prevalent outside the U.S.," said Dr. Peter Levine, a pediatrician with Kaiser Permanente in Walnut Creek, California.

Psychologist Stephen Hinshaw of UC Berkeley said "cross-cultural research has shown that ADHD exists in all cultures, with increased access to public education a factor in its detection."

The researchers recommended that countries keep tabs on the use of ADHD drugs and make sure their benefits are worthwhile.

Copyright 2007 Reuters Limited. All rights reserved. Republication or redistribution of Reuters content is

expressly prohibited without the prior written consent of Reuters.(c) Reuters 2007. All rights reserved.  
Republication or redistribution of Reuters content, including by caching, framing or similar means, is expressly prohibited without the prior written consent of Reuters. Reuters and the Reuters sphere logo are registered trademarks and trademarks of the Reuters group of companies around the world.

URL: <http://www.msnbc.msn.com/id/17503743/>

Des Moines Register  
February 27, 2007  
All-day kindergarten might help parents, but it cheats kids  
By Sue Ryan Weiss  
Iowa View

Published February 27, 2007

## All-day kindergarten might help parents, but it cheats kids

By SUE RYAN WEISS  
IOWA VIEW

Deputy Editorial Page Editor Linda Lantor Fandel argues in favor of all-day kindergarten so that "working parents would no longer have to find child care for the other half day, which can be expensive" ("Quit Cheating Kids Out of Full-Day Kindergarten" Feb. 12). Yet, it is we, the taxpayers, who must shoulder the increased expense for that other half day. Is it a good investment?

Not if you look closely at recent research. Although several studies have found short-term gains in academic achievement in students who attended full-day kindergarten, the benefits "fade out" within three years. In 2004, the National Center for Education Statistics' longitudinal study of 22,000 children found no substantive differences in reading, math or science achievement between third-graders who attended half-day and full-day kindergarten.

Fandel claims that "more time to learn is valuable because of the emphasis on acquiring reading and math skills earlier." I'm not quite sure what she means by "more time to learn," since 5-year-olds continue to learn even when they're not in a classroom for four extra hours a day.

Who is placing an emphasis on acquiring reading and math skills earlier? Misguided parents, or politicians? It's obviously people who haven't had a course in child development and are unaware that there is a progression of skills dependent on physical development (hand-eye coordination, visual discrimination, tracking, etc.).

With most Iowa school districts looking at shrinking enrollment and looming budget cuts, perhaps the Legislature should require all school districts to offer only half-day kindergarten. Half-day is more economical (two classes for each full-time teacher salary), takes less classroom space and is more than enough to adequately prepare students for first grade. The only ones likely to complain would be the "working parents" who would be inconvenienced. (Since Iowa does not even mandate kindergarten attendance, this scenario is unlikely to happen.)

It's sad that Fandel and other parents see full-day kindergarten as something to "covet." If we are serious about wanting to increase students' academic performance, parent education is where we should focus our attention. Parents need to know that reading to their children daily, sharing stories and talking with them is the best way to prepare them for future academic success. Yes, it requires parents to invest time with their children, and it isn't as easy as throwing taxpayer money at the problem.

We don't need to pay for extra, unneeded classroom contact hours (in kindergarten or preschool), but until parents understand that, their children are the ones who are truly cheated.

**SUE RYAN WEISS of Ames is a former elementary-school teacher who is active in educational issues.**

● [Click here to go back to article](#)

Copyright © 2005, The Des Moines Register.  
Use of this site signifies your agreement to the Terms of Service (updated 1/3/2003).



09/03/07 - News section

## The great ADHD myth

By JENNY HOPE

The psychiatrist who identified attention deficit disorder - the condition blamed for the bad behaviour of hundreds of thousands of children - has admitted that many may not really be ill.

Dr Robert Spitzer said that up to 30 per cent of youngsters classified as suffering from disruptive and hyperactive conditions could have been misdiagnosed.

They may simply be showing perfectly normal signs of being happy or sad, he said.

'Many of these conditions might be normal reactions which are not really disorders,' he continued.

Dr Spitzer developed the bible of mental disorder classification in the 1970s and 1980s, which identified dozens of new conditions including ADD and obsessive-compulsive disorder.

Since then hundreds of thousands of children have been diagnosed with ADD, a behavioural disorder linked to poor attention span, and ADHD, which adds an element of hyperactivity.

The disorders describe disruptive and restless behaviour that results in children having difficulty focusing their attention on specific tasks. ADHD is most commonly noticed at the age of five, and as many as one in 30 British children is said to have it.

It is often treated with drugs, with Ritalin being the most commonly prescribed.

Some scientists say ADHD is a genetic disorder that does not disappear with adulthood.

But sceptics believe the diagnosis is a 'biobabble' label, which has evolved from a soundbite culture that is too prepared to medicalise anti-social human traits.

Dr Spitzer, professor of psychiatry at Columbia University in New York, now says the classification led to many people being diagnosed as medically disordered when their mood swings and behaviour were simply normal feelings of happiness and sadness.

In a BBC2 documentary series *The Trap*, which begins on Sunday, he says that between 20 and 30 per cent of mental disorder diagnoses may be incorrect.

His admission comes as figures show that the amount spent by the Health Service on drugs to treat ADHD and similar disorders in children trebled to £12 million in just five years, from 1999-2003.

Almost 400,000 British children aged between five and 19 are believed to be on the drugs - despite doctors' fears about side-effects.

That is the equivalent of every child in Britain each taking more than four doses of the drugs every year.

NHS guidelines recommend drug treatment for the most severely affected, although there have been reports of cardiovascular disorders, hallucinations and even suicidal thoughts.

There have been at least nine deaths reported to the UK's Medicines and Healthcare products Regulatory

Agency since Ritalin became available in the early 1990s.

But Dr Spitzer, who chaired the taskforce that compiled the international Diagnostic and Statistical Manual of Mental Disorders, said he is less concerned by wrong diagnoses and possible side-effects from drugs, than failing to prescribe them where needed.

'By and large the treatments for these disorders don't have serious side effects,' he told the Times Educational Supplement.

'I mean, some do, but they're not that serious, whereas the failure to treat can often be very hard on the child and on the family.'

He acknowledged that some parents put pressure on doctors to diagnose ADHD and obsessive-compulsive disorder, and prescribe drugs.

'We don't know to what extent that's been happening inappropriately,' he added.

Ian Graham, headmaster of Slindon College, an independent boys' boarding school near Arundel, West Sussex, has 20 out of 100 pupils diagnosed with attention deficit disorder and a few more with related diagnoses such as oppositional-defiant disorder.

About 17 of the boys are prescribed drugs including Ritalin, while the remainder have their condition controlled through diets that exclude chocolate, sweets or gluten.

The school also employs therapy techniques, and the old-fashioned tactic of getting pupils to run off their energy in outdoor activities.

Mr Graham said: 'I've never met a parent who is happy with the medication. They would all prefer not to use them, but to a man and woman, they all say they can't believe the change in their sons' ability to concentrate in lessons.'

---

Find this story at [http://www.dailymail.co.uk/pages/live/articles/news/news.html?in\\_article\\_id=441304&in\\_page\\_id=1770](http://www.dailymail.co.uk/pages/live/articles/news/news.html?in_article_id=441304&in_page_id=1770)  
©2007 Associated New Media